



ARKANSAS DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
Arkansas Better Chance/Arkansas Better Chance for School Success
P.O. Box 1437, Slot S-160 • Little Rock, Arkansas 72203

2006-2007 FINANCIAL EXPENDITURE REPORT

Check one: ☐ JANUARY ☐ JULY

(Name of Authorized Official)
on behalf of

(Name of Program Agency)
certifies that the attached expenditure summary and justification provides complete disclosure of all expenditures incurred to date from funds granted for use in the Arkansas Better Chance Program. In addition, the report provides an accurate reporting of the match funding required by Act 212 of 1991 in the proportion of 60:40, ABC to local match. All documentation supporting program expenditures has been attached to this report.

I understand that any disallowed expenditures will be deducted from future funding or recovered through a repayment agreement with the DCCECE Compliance Unit.

Signature _____ Date _____

Title _____

Report
Prepared By _____

Title _____

Address _____

City _____ Telephone _____